M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09110

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY KENT X MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENNEDYVILLE
LENGTH OF STAY (in this place) LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENNEDYVILLE X
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) OLIVER (Middle) WINFIELD (Last) ATWELL

4. DATE OF DEATH (Month) SEPT. (Day) 4 (Year) 1953

5. SEX MALE

6. COLOR OR RACE WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) MARRIED

8. DATE OF BIRTH APRIL 6, 1896

9. AGE last birthday 57 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK

10b. KIND OF BUSINESS OR INDUSTRY STORE

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GEORGE WALLACE ATWELL

14. MOTHER'S MAIDEN NAME MARY FRANCES WEBB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY No. 220-26-1491

17. INFORMANT AND ADDRESS NELLIE ATWELL KENNEDYVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Carinary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atrial Indigestion

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1953, to Sept 4, 1953, that I last saw the deceased alive on Sept 4, 1953, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE L. P. Atwell (Degree or title) M.D. ADDRESS Still Pond DATE SIGNED 9/5/53 Md.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL

DATE THEREOF SEPT. 6, 1953

NAME OF CEMETERY OR CREMATORY STILL POND CEMETERY

LOCATION (City, town, or county) STILL POND, MD. (State)

DATE REC'D BY LOCAL REG. 9-5-53

REGISTRAR'S SIGNATURE E. Kennard Jones

24. FUNERAL DIRECTOR B. R. Fellows ADDRESS Still Pond, Md.

RECEIVED
SEP 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09111

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del. COUNTY N. C.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilmington 07-3
STREET ADDRESS (If rural give location) 408 Jefferson St.

3. NAME OF DECEASED: (Type or Print) (First) GROVER (Middle) CLEVELAND (Last) DURHAM
4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 12, 1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bird farm labor
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Durham
14. MOTHER'S MAIDEN NAME: Rachel A. Cain

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Woodall Durham, Massey, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2 (a) Chronic Myocardial Insufficiency — Interval Between Onset And Death: 2 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) — DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Indigestion

19a. DATE OF OPERATION: 0 —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 23, 1953 to Sept. 3, 1953, that I last saw the deceased alive on Sept. 3, 1953, and that death occurred at 8 15 P.M. from the causes and on the date stated above.

SIGNATURE H. H. Hamilton (Degree or title) M.D. ADDRESS Millington Md. DATE SIGNED Sept. 5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 6, 1953
NAME OF CEMETERY OR CREMATORY Millington Cem.
LOCATION (City, town, or county) Millington Kent Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR Sept. 5, 1953
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09112

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENNEDYVILLE
LENGTH OF STAY (in this place) LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENNEDYVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LEWIS (Middle) EDMUND (Last) GRANTLIN

4. DATE OF DEATH (Month) SEPT. (Day) 25 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH APRIL 3, 1858
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE
11. BIRTHPLACE (State or foreign country) DELAWARE
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME DAVID GRANTLIN
14. MOTHER'S MAIDEN NAME SARA BETTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS DAUGHTER (MRS. RUTH CHICKADEL) WILMINGTON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22, 1953, to 9/25, 1953, that I last saw the deceased alive on 9/24, 1953, and that death occurred at 6.00 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Julbrandsen MD ADDRESS Chesterton, Md. DATE SIGNED 9/25/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 28/1953
NAME OF CEMETERY OR CREMATORY Chester Cem.
LOCATION (City, town, or county) Chestertown (State) Md.

DATE REC'D BY LOCAL REG. 9/28/53
REGISTRAR'S SIGNATURE E Kennard Jones
24. FUNERAL DIRECTOR Edward Pellaur ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 29 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09113

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place) LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNE'S HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~CHESTERTOWN~~ RURAL-NORTON
STREET ADDRESS (If rural, give location) BIG WOODS

3. NAME OF DECEASED (Type or Print) (First) ROSE (Middle) — (Last) JEWELL
4. DATE OF DEATH (Month) SEPT. (Day) 20 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE COLORED
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify)
8. DATE OF BIRTH SEPT 20, 1888
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? US BORN

13. FATHER'S NAME JOHN BOARD
14. MOTHER'S MAIDEN NAME ANNA BERRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 4
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF CERVIX — INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs

171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

19a. DATE OF OPERATION 0 —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 9/14, 1953, to 9/20, 1953, that I last saw the deceased alive on 9/20, 1953, and that death occurred at 4 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD ADDRESS Chestertown, Md. DATE SIGNED 9/20/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 23 1953
NAME OF CEMETERY OR CREMATORY Fountain Rural Norton Md
LOCATION (City, town, or county) (State) Fountain Rural Norton Md

DATE REC'D BY LOCAL REG. Sept. 22-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond Md

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SEP 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09114

CERTIFICATE OF DEATH

Reg. Dist. No. 200

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Kent. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millington X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H (Last) PURNELL
4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 15 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building Construction
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Purnell Sr.
14. MOTHER'S MAIDEN NAME: Henny Hynson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 213-22-9376
17. INFORMANT & ADDRESS: Lola M. Purnell Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Acute Cardiac Dilatation DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis DUE TO

(c) Actual Sclerosis

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 0 W
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) W
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) W m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1953, to Sept 1, 1953, that I last saw the deceased alive on Aug 31, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE C. W. Mitchell (Degree or title) M D ADDRESS Fullerville Md DATE SIGNED 9/13/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Sept 4 1953
NAME OF CEMETERY OR CREMATORY Millington Cem.
LOCATION (City, town, or county) Millington (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 4, 1953
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington

RECEIVED
SEP 9 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown X
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown X
STREET ADDRESS (If rural, give location) Bill Bennett

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) A. (Last) Ricards
4. DATE OF DEATH (Month) Sept. (Day) 3 (Year) 1953
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 29, 1883
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Worker
10b. KIND OF BUSINESS OR INDUSTRY Pyrites
11. BIRTHPLACE (State or foreign country) Port Penn Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Atwood Richards
14. MOTHER'S MAIDEN NAME Katherine Bennett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 221-01-4879
17. INFORMANT AND ADDRESS Mr. Atwood J. Ricards 28 River Ridge - Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH 23 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MYOCARDIAL INFARCTION — 23 days

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/11, 1953, to 9/3, 1953, that I last saw the deceased alive on 9/3, 1953, and that death occurred at 10 40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Hulbrandsen MD ADDRESS Chestertown, Md. DATE SIGNED 9/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 6, 1953
NAME OF CEMETERY OR CREMATORY Chester Cemetery
LOCATION (City, town, or county) Chestertown, Maryland (State)
DATE REC'D BY LOCAL REG. Sept. 10-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown, Md. ADDRESS

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SEP
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. 416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09116

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN | LENGTH OF STAY (In this place) LIFE TIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNE'S HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN X
STREET ADDRESS (If rural, give location) QUEEN ST.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) GOFORTH (Last) SIMPERS

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 9 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: JAN 22, 1874

9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PHYSICIAN

10b. KIND OF BUSINESS OR INDUSTRY: MEDICINE

11. BIRTHPLACE (State or foreign country): CHESTERTOWN, MD.

12. CITIZEN OF WHAT COUNTRY? U S BORN

13. FATHER'S NAME: JOHN H. SIMPERS

14. MOTHER'S MAIDEN NAME: MARY A. H. VANNORT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: (Wife) Mrs. Marie J. Simpers HOSPITAL RECORDS Chestertown Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

146X Immediate cause (a) CARCINOMA, PRIMARY NASOPHARYNX — Interval between onset and death: 3 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 8/10, 1953, to 9/9, 1953, that I last saw the deceased alive on 9/9, 1953, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Fulbrandsen, MD. ADDRESS Chestertown, Md DATE SIGNED 9/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept. 11 1953 | NAME OF CEMETERY OR CREMATORY: Chester Cemetery | LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG: Sept. 11-1953 | REGISTRAR'S SIGNATURE: Claud L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Md.

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09117

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown X
MARYLAND
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Country Club Estates)

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall X (6 years)
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Otto (Middle) Charles (Last) Steinert

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 27, 1878

9. AGE last birthday: 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): retired Mechanical Engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prague, Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anton Steinert

14. MOTHER'S MAIDEN NAME: Joanna Stoehr

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 192-05-9064

17. INFORMANT & ADDRESS: Mrs. Irma L. Steinert Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial hemorrhage — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic hypertension — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis - (angina pectoris only) — 2 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9, 1953, to 9-16, 1953, that I last saw the deceased alive on 9-16, 1953, and that death occurred at 3 25 am, from the causes and on the date stated above.

SIGNATURE Robert N. Fare (Degree or title) M.D. ADDRESS Chestertown Md DATE SIGNED 9-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF Sept. 18, 1953

NAME OF CEMETERY OR CREMATORY Silverbrook Crem & Mem

LOCATION (City, town, or county) (State) Wilmington, Del.

DATE REC'D BY LOCAL REGISTRAR Sept. 16-1953

REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells- Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 18 1953
BUREAU V. S.